If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 7 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12849
1. PLACE OF DEATH	(53-C)
County Sugar	Registration Dist. No. 25
Village or City Albr Chulch Net	No. St., Ward leath occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of elec & Corter	4 If U.S. Veteran specify WAR.
(a) Residence: Wellow Collinson - Hell	St., Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 08 DEVORGED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of Collection	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year Clare 9, 185-1	Hast sew h. A. alive on ACCECCEL Z. 5, 197 Let; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et/_Am.
85 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or perticular	Date of onest Lacky Date of onest Lacky
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate decesed lest worked et this occupation (month and spent in this securation (month and spent in this securation).	Ala 0 00 /931
10. Oate decessed lest worked et this occupation (month and year) occupation	100000
and the second s	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Lecule Mamonia 24
13. NAME FORMER TECHNOOL	
13. NAME FORMER THEORY OF TOWN OF THE 14 BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAMECIELEN Jennard	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Selen Kennand 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) duein limiter - Mid.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Course of Heal PL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL. PIECE CHARLES THE DETERMINE STATE OF THE STATE	Manner of injury
19. UNDERTAKER Think: He Good (Addiess) Church Hill Ond.	Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED Dec. 301936 The Good Registrar.	(Signation of the Company of the Com

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
111111111111111111111111111111111111111			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12850
1. PLACE OF DEATH	40)
County June Chure's	Registration Dist. No. 25 \$
Village or City Kell Markows	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsds.
2. FULL NAME LAWES & Coulbour	If U. S. Veteran, specify WAR.
(a) Residence No.	St. Ward.
(Usual place of abode)	If nooresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored Married Married	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of aural boulbourne	22. HEREBY CERTIFY, Page 1 ettended decaesed from
6. DATE OF BIRTH (month, day, end yeer) Februs 15- 1871	i last saw h. Lelle elive on DEC 10 1936; death is said
7. AGE Years Months Days If LESS than	to hava occurrad on the date stated above, at
65 /0 / lay,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or perticutar kind of work done, as SPINNER place for see for SAWYER, BOOKKEEPER, etc. 19. Industry or business in which work was done, as SILK Mtll., SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	para Para premionia
O 10. Date daceasad last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Delafield (State or country)	Delareshears
13. NAME Torge floure	
13. NAME HOrge Coulbourne 14. BIRTHPLACE (city or town) Cristical (State or country)	Neme of operation
W 15. MAIOEN NAME (M. M. M	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT Lovey May Coulbours (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place SUM THE DEC 20, 1936	Mennar of Injury
19. UNDERTAKER Thomas (Address) Turensville	24. Was disaase or Injury in any way related to occupation of deceased?
20. FILED DEC 16, 1936 7. C. Thomas Local Registrar.	(Signed) MO My M. D. (Address) Alexeur Mille
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 7 1931	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	الـــــا			

__Ward

from

said

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEAT bluods. Jo

	Registration	DIST.	No. ~ ~ ~
No			St.,
(If death occurred in a hospital or institution	give its NAM	F inste	ad of street and numb

2. FULL NAME Jalu Ill & Dickens	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write, the word) Warred	21. DATE OF DEATH Dec. 24, 193 6 (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mrs Dara Deckenson	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then 1 dey,hrs. ormin. 8. Trade, prefession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (mont) land year) 12. BIRTHPLACE (city or town) (State or couply)	I last saw harmonic alive on the date stated above, et
13. NAME Jaku Dickeinen	

14, BIRTHPLACE (city or town). FAT (Stete or country)

MOTHER 16. BIRTHPLACE (city or town) (Stete or country)

(Address)

19. UNDERTAKER (Address)

What test confirmed diagnosis?_____

23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Where did Injury occur?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Wes disease or injury in any way related to occupation of deceased? If so, specify

If more blanks are needed, address Style Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

ARGIN RESERVED -WRITE

supplied

be carefully

mation

B ż CAUSE OF DEATH in plain terms,

See

very important.

TION is

18. BURIAL, CREMATION,

FOR BINDING

PHYSICIANS Exact statement

classified.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IAN 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12852
County COLON News	Registration Dist. No. 250
Village or City Your & Blace	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mogalle Elliati	If U.S. Veteran specify WAR.
(a) Residence: No. letter les trema Red	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dee (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) NOV 7 1933.	I last saw h & alive on NOV 30, 1936, death is said
7. AGE Yaers Months Days If LESS than	to have occurred on the date stated above, at 12 frm.
3. 25 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance warp as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, & & & & & & & & & & & & & & & & & & &	Machinal Willow Char
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) COM Acquee Co	Other Contributory Causes of Infootance:
13. NAME ROGNIGAD Ellight	
14. BIRTHPLACE (city or town)	Name of operation. Data of
(State of countries Company)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Clare, Callegter	23. If daath was dua to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME (See Castleste) 16. BIRTHPLACE (city or town) - 15. Dec 1. Dec	Accidant, sulcide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CASE COLOR (Address) CASE CASE CASE COLOR (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Tond Jaun Date Pec 3, 1936	Neture of injury alle
19. UNDERTAKER John R. John & Jo (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Dec 2, 19.36 James De Francis	(Signed) Or Afford Decel M. D. (Address) Chicagon, Hall
I may black as much add a Car Bridge	N. Cl. J. C. , P. L. P. , GI C. V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FISHIVEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 4 7037	July 5, 1927	Peritonitis	3 days ago	
-	SUREAU V. S.		The state of the s		
Other contributory Callstones	auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12	853
1. PLACE OF DEATH			
County Kully	lune,	Registration Dist. No. 3,5	3
Village or City Ther Cr	wille	No. St.	Ward
Length of residence in eity or lown where death		f death occurred in a horpital or institution, give its NAME instead of street and nur sds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Many (2)	egalufk to	1	
(a) Residence: No. Triclly	dou / C/1X	St., Ward.	
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	ate
3. SEX 4. COLOR OR BACE 5. S	INCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1936
5a. If married, widowed, or divorced	(000 01	(Month) (Dey)	(Year)
for HIFE of Stellean	allest	1 HEREBY CERTIFY That I attended der	ceased from
6. DATE OF BIRTH (month, day, and year) Lef.	3,1859	Vlast saw her alive on Dec 213, 196;	death is said
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, atm.	
801-11	ormin.	The PRINCIPAL CAUSE OF DEATH and related cause of Importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ousework	Cararo accajos e	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Kent (, and,	Other Contributory Causes of importance: Itraliac Mey Stileab	
	-	Viguenus	
13. NAME Not your 14. BIRTHPLACE (city or town) 15 17 (State or country)	noeve	Name of operation	
		What test confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Tuown	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
Verman C	fleatt	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address) Function	Wed	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMAPION, OR REMOVAL Place Da	Dep 27 136	Manner of Injury	
10 HADESTAND (Lalw (B)	Loban Y Son	24. Was disease or injury in any wey related to occupation of deceased?	
19. UNDERTAKER (Address) Address)	tou ruf, n	If so, specify	
20. FILED De 23, 19 3 6 the	m electo	(Signed) Af Salt (Address) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PFAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

19. UNOERTAKER (Address)

mod yaer) Months Days If LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows: Oate of ense occupation The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows: Oate of ense of the date steled abova, at La Gram. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows: Oate of ense of the causes of importance of the court but or a cause of importance: Other Court but or you cause of importance: Other Court but or you cause of importance: Neme of operation Neme of operation Neme of operation What test confirmed diagnosis? West there en eulopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicida, or homicide? Oate of Injury Oate	te	ORODORCED (Thic the word)	(Month) (Day) (Yeer)
Months Days If LESS than I day, hrs. or min. Coular SPINNER, retc. Mill., dat 11. Total time (years) spant in this occupation occupation. The Courtrevelve Of the diagnosis? Other Courtibutery Causes of importance: What test confirmed diagnosis? West there are eulopsy? Accident, suicida, or homicide? Oate of Injury 19 Where did Injury occurred in 1NOUSTRY, in HOME, or in PUBLIC PLACE.	d V		
SPINNER, R, etc. Adata		2 % 1 day,hrs.	I last saw h alive on, 19; death is said to heve occurred on the date steted above, at LQ_Q_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of importance: Other Contributory Causes of i	SPINNER, R, etc	none none	Uate of onset
Neme of operation. Neme of operation. Neme of operation. What test confirmed diagnosis? Westhere an eulopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide? Oate of Injury. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.	and	spant in this occupation	Other Contributory Causes of importance:
Accident, suicida, or homicide? Oate of Injury	mes.	Eutreville me	Neme of operation
Manner of injury	fire of	Eury WA	Accident, suicida, or homicide? Oate of Injury, 19
A A		- Date 1 1c 28 , 1936	- Nature of injury
24. Was disease or Injury in any wey related to occupetion of deceesed? If so, specify (Signed) (Address) If more blanks are needed, address Stelle Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		Local Resistrar.	(Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 1931	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage:	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

For authorization Dechange Late of birth see buth cent. 1/18/3	16.
1	

1. PLACE OF DEATH	
County Luceu Course	Registration Dist. No. 2 5-1
Village or City Price	NoSt.,Ward
Length of residence in city or town whara daath occurredvrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julian Bustees	Jarree In If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE S. SINGLE, MARRIED, WIE OR WINDREED (registe the	
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet i attended decaased from
(or) WIFE of	Dec. 17, 1936 to Dec 17- 1932
6. DATE OF BIRTH (month, day, end year) Oct 23-3	I last saw h elive on Sec 17 1976; death is said
7. AGE Years Months Days If LE	ESS than to have occurred on the date stated ebova, at
1 25 1day, or	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows: Oste of onset
8. Trede, profassion, or particular kind of work done, as SPINNER,	Lotor Menniones 121
SAWYER, BOOKKEEPER, etc.	11/7- E
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this)
yaar) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	Other Countries of Chipper Circle.
(State or country)	
14. BIRTHPLACTICITY or town) In Confressee	
14. BIRTHPLACE (city or town) Nr. Cast reserve	Name of operation
(State or country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIOEN NAME Selece Carter 16. BIRTHPLACE (city or town) Price	23. If death wes due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Price W	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Cutreocele Date Dee 19	7, 1936 Natura of Injury
19. UNDERTAKER Barton Bras	24. Wes disease or injury In any wey related to occupation of decaasad?
(Addrass) Centravale, M	If so, specify
20, FILEO Dec. 18, 1936 7 4 900d	(Signad) W Fraker M. [
20, FILEO J. Commission of 19 40 - 1. T	Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	1 1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-Exact statement of OCCUPA. PHYSICIANS should UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WIT -WRITE PLAI

V. S. No. 1 18 TION is very important. See instructions on back of certificate.

state

STATE OF MARYLAND	CERTIFICATE OF DEATH 12856
1. PLACE OF PEATH	920
County	Registration Dist. No. 252
Village or City Ruchoban P. A.	LAND. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME June	
(a) Residence: No. 1 Do 1 Do 1	Lest., Ward.
(Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
SP DIVORCED (write the word)	17. 20 1936
5a if married widowed or divorced	(Month) (Dey) (Yeer)
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of	22. \
	1972, to 12.20 ,1972
6. DATE OF BIRTH (month, day, end year)	I less sw h deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done as SPINNER	Date of growt
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	Chronis Horas
work wes done, es SILK MILL, SAW MILL, BANK, atc	
11. Total time (years)	
O this occupation (month end spent in this year) occupation	porane of the cont
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
W 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Work Whom	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur?
17. INFORMANT JUT, 15. Human	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Here and W	
18. BURIAL, ORENATION, OR REMOVAL	Manner of injury
Place Date Date 197	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Ruthsburg	If so, specify
20. FILED ARC. 21, 19.36 TTamia & Bright.	(Signed) W W The C. M. D.
Local Reyptrar.	(Address) W
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation,—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di Anagan Jan	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago
THIRDAU V. S.			08.40
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Control of the Contro			

V. S. No. 1 ä state OCCUPA-

plnods Jo

7. /

OCCUPATION

FATHER

MOTHER

14, BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Address)

17. INFORMANT

19. UNDERTAKE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12857
1. PLACE OF DEATH County ween auces	Registration Dist. No. 253
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ARE Ellings worth (a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH Dec. 8 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 26-9-1930	1 last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	accidental browning
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	body found at 3 you
this occupation (month end spent in this occupation. 12. BIRTHPLACE (gity or town) Slevensville (State or country)	Other Contributory Causes of Importance for of ice, fell in, I was drowned.

Name of operation.

What test confirmed diagnosis?

(Specify city or town, county and State)

Wes there an aulopsy?

in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3AN 1931	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(2) MACO
County Jugan	Cline,	Registration Dist. No. 252
Village or City Lo eucl	Tevrele	NoSt.,War
Langth ot rasidanca in city or town wh		If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. it of foreign birth?yrs,mosd
7/	era death occurredyrsmo	
2. FULL NAME YAVE	y rues	If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATE		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE BLA	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17 - 1936 (Month) (Say) (Yaar)
5a. If marriad, widowed, or divorcad HUSBANO ot		
(or) WIFE ot		1 HEREBY CERTIFY. That I attended decaased from the state of the state
	Mazet Kusin	I lest saw h. \ alive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	00 1000	to have occurred on the date stated above, at 4 a.m.
efaut 59	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade profession or particular		Wara/as tollows:
kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Barber	100 blyns 1
kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, atc		
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (yaars)	hele
this occupation (month and yaar)	spant In this occupation	- Primary Cause & Casebaal he over shagen Dusation :
Pre	President	Other Contributory Causes of Importanca: not statuda Couses.
12. BIRTHPLACE (city or town) (State or country)	al Del	Willia & Helina
13. NAME Wellery	Johns -	
13. NAME STELLAR 14. BIRTHPLACE (city or town)	lock.	Name of operation Dete of
(Stata or country)	Del	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	1	Accident, suicide, or homicide?
∑ (State or country)	of rok klew	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Jelle (Addrass)	teville ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place LULLS	DRoate Dec 5,1931	Manner of Injury
19. UNOERTAKER / Sarto	y Bras	24. Was disaase or injury In eny way related to occupation of deceased?
20. FILEO. DEC. 4, 1936	Hamis S. Bright.	(Signad) (Signad) (Address) (Md)
If:	more blanks are needed, address Stale Registrar	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
						U 1	

12859

1. PLACE OF	DEATH			(159)	7
County 2	reco. a	une		Regist	ration Dist. No. 252
Village or City.	Carelie	villa		No.	St. Ward
Langth of reciden	co in city or town where	death accurred		death occurred in a hospital or institution, give its	
	21	middle			
2. FULL NAMI			1 7	If U. S. Veteran, specify W	AR
(a) Residence:	No. 201.0	(Usual place of	of abode)	wethe Ward.	resident give city or town and State
PERSONAL	AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFIC	CATE OF DEATH
3. SEX 4	color or RACE	S. SINGLE, MARI	(write the word)	21. DATE OF DEATH (Month)	e. /7 ,193 & (Year)
5a. If married, widowed, HUSBANO of	or divorced		0		,,,,,,,, .
(or) WIFE of				22. I HEREBY CER	TIFY, Thet I attended decaased from
6. DATE OF BIRTH (mo	nth, day, and year)	Dec 17-1	936	I last saw h alive on	e 17: ,19 3/6; death is seid
7. AGE Years	Months	Oays	If LESS than 1-day, 2-hrs. ormin.	to heve occurred on the date stated ebove, at. The PRINCIPAL CAUSE OF DEATH and relat were as follows:	
8. Trede, professio	dona, as SPINNER.	none		Premature for	
SAWYER, BO	OKKEEPER, etc			Tobacc and the fact	
Q. work was do	ne, es SILK MILL, BANK, etc	****			
10. Oata deceasad I this occupati	ast worked at on (month and	11. Total ti	ma (years) It in this		
12. BIRTHPLACE (city o	rtown) Sout	revilla	Sud.	Other Contributory Causes of Importence:	
	errer Le R.	m. mida	Malon		
Ξ		1 Sml		Newsoftware	D-44
14. BIRTHPLACE (ci				Name of operation What test confirmed diegnosis?	14
의 15. MAIDEN NAME	Paulice &	"lin mu	rela	23. If death was due to external causes (VIOLE	
15. MAIDEN NAME 16. BIRTHPLACE (ci	ty or town)	nil		La	Date of injury, 19
) (31416 01 60		/	· ,	Where did injury occur?(Specify	city or town, county and State)
17. INFORMANT(Address)	elmer de R	of milk	ble net	Specify whether Injury occurred in INDUSTR'	Y, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION		Date Dec	18 ,36	Manner of Injury	
19. UNOERTAKER (Address)	Berton!	dra.	201	24. Was diseesa or injury in any wey related t	
20. FILEO Dec.	8 , 19.36 TT	amir 8	Bright.	(Signed) Co Lac	in Fraker M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYL	AND-CERTII	FICATE	OF	DEATH
----------	-------	------------	--------	----	-------

1 12860

1	PLACE (OF DEATH			(150)	
	County	Queen a	une		Registration Dist. No. 2	52
	Village or	City Cout	evilla	(If	No.	t.,Ward
	Length of re	sidence In city or town wh	ere death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2	(a) Reside	AME Baby	middle no 2. Ju	vin-Ce	If U. S. Veteran, specify WAR	
portugations.			(Usual plac		If nonresident give city or tow	
		NAL AND STATE			MEDICAL CERTIFICATE OF DEAT	ГН
3. S	nue	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH dec 17-	, 193 <u>4</u> (Year)
5a.	If merried, wide HUSBAND of (or) WIFE of	wed, or divorced		0	22. I HEREBY CERTIFY, That I att	ended deceased from
		I (month, day, end year)	Dec 17.		I last saw halive on	36; death is said
7. A	ige y	ears Months	Days	If LESS then Latay,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
TION	kind of SAWYE	lession, or particular work done, as SPINNER R, BDOKKEEPER, etc	non	e	Premature birth (& mi	
OCCUPATION	X Work W	business In which ras done, as SILK MILL, ILL, BANK, etc				
8	this occ	sed last worked at cupation (month and	11. Total	tima (years) ent in this cupation	Other Contributory Causes of Importance;	
12.	BIRTHPLACE ((State or co		uctional	i mil	Other Contributory Causes of Importance.	
ER	13. NAME 4	Delmar Le	Roy muc	edleton		
FATHER		CE (city or town) or country)	md.		Name of operation Dat What test confirmed diegnosis? Was the	a
ER	15. MAIDEN N	AME Pauline	Elin mu	della.	23. If death was due to external causes (VIOLENCE) fill in also the fol	
MOTHER		CE (city or town)	ma		Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county as	, 19
17.	INFORMANT(Address)	Williande	Varieties	aldelon	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18.	Place CA	with I feel	Date De	el8 ,1936	Manner of Injury	
19.	UNDERTAKER (Address)	Centres	Bras Y	12 . 14	24. Was disease or injury in any way related to occupation of decease If so, specify (Signed)	d?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NA AND AND AND AND AND AND AND AND AND A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

WRITE PLAI

V. S. No. 1 N.B. of OCCUPA-

Exact statement

920
No. Registration Dist. No. St. Ward
death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Recurbes 6 (Month) (Day) (Year)
22. HEREBY CERTIFY That I attended deceased from 36., 196., to
Name of operation
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important, complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RALIEPT AT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County. Village or City. Village or City. Village or City. No. (If death occurred in a hospital or institution, give its NAME instead of street and Length of residence of city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ADVORGED (write the wift) 5. AUTOROFIO (write the wift) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than to have occurred on the date stated above, at. 8. Trade, profession, or particular of the wift	002
Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in the section of street and death occurred in the section of the death occurred on the date stated above, at least of institution, give its NAME instead of street and death occurred in the section of or occurred on the date stated above, at least on the stated above, at least on the section of the date stated above, at least on the section of the date stated above, at least on the section of the date stated above, at least on the section of the section of the date stated above, at least on the section of the se	F)1
Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. Length of residence or city or town where death occurred. Length of residence or city or town where death occurred. Length of residence or city or town where death occurred. Length of residence or city or town where death occurred in a horpital or institution, give its NAME instead of street and oscillations. Set Ward. Length of residence or city or town where death occurred. Ward. Lisal saw h	27
Length of residence of city or town where death occurred yrs	
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE HUSBAND of (or) Wife of 6. DATE OF BIRTH (monih, day, and year) 7. AGE Years Months Days If LESS than 1 day. If Less than 1 day. If have occurred on the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: No or wisk work was done, as SHNNER, SAWYER, BDDKKEPER, etc. S. MINLL, SAW MILL, SAKM, etc. 11. Total time (years) Spent in this occupation (month end year) (Slate or country) Dither Matsubart Spaces of importance: St., Ward. Ward. If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. DATE OF DEATH (Month) (Day) 12. BIRTHPLACE (city or town) (Slate or country) Dither Matsubart Spaces of importance: St., Ward. Ward. If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. DATE OF DEATH (Month) (Day) 12. BIRTHPLACE (city or town) (Slate or country)	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (Individual place of abode) 4. COLOR OR RACE (Individual place of abode) 5. SINGLE, MARRIED, WIDOWED, Curite the Werl) 5. Harried, widowed, or divorced HUSBAND of (or) Wife of (or	nos
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Official the will) 5a off married, widowed, or divorced HUSBAND of Or Wife of Or W	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OLDIVORGED (write the wift) 5a If married, wildowed, or divorced HUSBAND of (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or, min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month end year) (Slate or country) Dither the state have as of importance importance; last worked at (Slate or country) Dither the state have as of importance; last worked at (Slate or country)	d State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, STATE OF DEATH SEA 1. MONTH STATE ST	d Diaic
Same of the profession of particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Same of this work was done, as SILK MILL, SAW MILL, BANK, etc. Saw of this occupation (month end year) 11. Total time (years) spent in this occupation (Slate or coupfly) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. Birthplace (city or town) 14. Birthplace (city or town) 15. Birthplace (city or town) 16. Birthplace (city or town) 17. Birthplace (city or town) 18. Birthplace (city or town) 18. Birthplace (city or town) 19. Birthplac	,
5a Mf married, wildowed, or divorced HUSBAND of (or) WiFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Slate or courtey) 13. BIRTHPLACE (city or town) (Slate or courtey)	., 193
(or) WiFE of Wm - Law - Laynes 6. DATE OF BIRTH (month, day, and year) 7. AGE, Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation. Dither Anti-batter Guses of importance: Dither Anti-batter Guses of importance:	(Ye
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) SPINDLE ACCUPATION (Slate or countly) Differ Country of the date stated above, at long in the date	Lease
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Slate or country)	0., 19
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Slate or country) 1 day, —hrs. or —min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Devolute Country of Death and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Devolute Country of Death and related causes of importance were as follows: Devolute Country of Death and related causes of importance were as follows: Devolute Country of Death and related causes of importance were as follows: Devolute Country of Death and related causes of importance were as follows:	; death
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDD KKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Slate or country)	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased iast worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Slate or country) Carter Carter	Date o
this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town) (Slate or country) The spent in this occupation Other spatished for spent	
this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town) (Slate or country) The spent in this occupation Other spatished for spent	E
this occupation (month end spent in this occupation Description Desc	
12. BIRTHPLACE (city or town) Wanfaul Charles of importance: leve on importance of imp	
(Slate or country) (Sate or country) (Sate or country)	
(Slate or country) / Cardia a Carteria	
13. NAME 13. NAME Name of paration	
14 DIDTUDIACE (city of town)	
14. BIRTHPLACE (city of town) Date of	
(State or country) What test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the followin 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?	ng:
16. BIRTHPLACE (city or town) Date of injury	, 19
(State of gounds) Where did injury occur?	
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ate) LACE,
(Address) 23 th. Declaration 1 Dallo	
18. BURIAL, CREMATION, DR REMOVAL DA 3 Manner of injury	
Place Odd Nature of injury Nature of injury	
19. UNDERTAKER John Miller 24. Was disease or julyry in any way related to occupation of deceased?	100
(Address) A. Perfer on DI Valle Med specify	
20, FILED Story 1936 Helestythlewinder (Signed) Mol O My	
Focal Registrary (Address) Alare of the	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial menhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

stated EXACTLY. PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be WITE N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12863
1. PLACE OF DEATH	71-20
County Lulega Muce	Registration Dist. No. 23
Village or City Collecter	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its INALVIE, instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Mellie 19. Seward	If U. S. Veteran, specify WAR
(a) Dacidana Ala	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Howard Seward	22. HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, end yeer) Nov /6 - 1579	I lest saw h Car _ elive on _ Dec 3 1936; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, at
5-7 / lay,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
Z 8. Trede, profession, or perticuler	Date of Control
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupation (month add) 11. Total time (yeers) spent in this	Atuaious allema
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete decessed lest worked at this occupation (month and) spent in this	
yeer) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city of town) White	
(Stete or country)	
14. BIRTHPLACE (city or town) Chestre	
14. BIRTHPLACE (city or town) White the (Stete or country)	Neme of operation Date of
	What test confirmed diagnosis? Wes there an eutopsy?
E Division Outro	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stele or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
William Edudill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Parties (Address) Zallo M	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piece Del Engloste De Cara, 1936	Nature of injury
19. UNDERTAKER & Grand Moungal	24. Was disease or injury in eny way releted to occupation of decembed?
(Address) Hevenstelle, ma	If so, specify
20. FILED DEC 20, 1936 T. C. Morgians	(Signed) M. (Address) M. (Addre
	2412 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as for Arteriosclerosis	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephrit		1921	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	JAN 7 1937	July 5,1927		3 days ago
	THE STATE OF			44.1
Other contributory caus	es of importance:	Security distributions	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				w/ (8)

	REC
DITTO	PERMANENT
1	4
7	S
EDER VED	INK-THIS
ANGIN PEDENVED FOR DINDING	ITH UNFADING INK-THIS IS A PERMANENT REC
	H

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County	Registration Dist. No. & S 3
Village or City Roue Ouet	NoSt.,Ward
Length of residence in city buttewn where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Frederick Obn	attuent U. S. Veteran, specify WAR
	St. Ward.
(a) Residence; No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PHYORCED (write tha word)	21. DATE OF DEATH See 5, 193 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of The state of the stat	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tuy 2/1845	I last saw him alive on DEC 5 1936; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5. P.m.
91 9 12 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Detections
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which	Willia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceasad last workad at 11. Total time (years)	Primary cause of the Marmia: Chronic
10. Oata deceasad last worked at this occupation (month and spant in this	me proster Duration : from years &
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Poermany	Other Continues of Importance.
(State or country)	arieno elevasio
13. NAME July Lower	
14. BIRTHPLACE (city or town) Milkingum	Name of operation Data of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. if death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
Grand Stra Music	Where did injury occur? (Specify city or town, county and State)
7, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL PLACE DEC 7/36	Manner of Injury
44.00% Dail	Nature of Injury
9. UNDERTAKER (Address)	24. Was disaase or injury In any way releted to occupation of dacaased?
20. FILED ECOS, 1936 F.C. Shorman	(Signed) the Comment of M. (Address) Hereu Hill and
If more blanks are needed, address State Registra	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

13116 STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 6 1931	July 5, 1927	Peritonitis	3 days ago
BUREAU V. G.			
Other contributor, causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 13117
1. PLACE OF DEATH	23)
County June June	Registration Dist. No. 250
Village or City Near Mellington	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
	If U. S. Veteran, specify WAR
at total traine	The state of the s
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If marriad, widowed, or divorced	(month) (Dey) (Teal)
HUSBAND OF Shuathedder Sparke	1 HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 1876 Upv. 10	i las saw here a alive on the said
7. AGE Yaars Months Oays If LESS than	to have occurred on tha date stated above, at 12 2m.
1 61 8 21 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as 400 ws:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	ware as rolling 15 1 4 Oata of one of 1934
A Tisda, profession, or particular to the kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month end specified).	
10. Oate deceased last worked at this occupation (month end yeer) spant in this occupation	
	Other Coatribatory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Janes Sparkes 14. BIRTHPLACE (city or town) Near Church Lill	Name of operation Date of
(State of country) Queen unite, ma	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME unknown	23. If daeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did injury occur?
17. INFORMANT Elma medder Spark	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Millington Date Jan. L. 1931	Nature of injury
19. UNDERTAKER John G. John My Sani (Addrass) Will salay med	24. Wes diseasa or injury in any way related to occupation of deceased?
1 James T. Juillo, De	tuly (Signed) frillingher M. D.
20. FILED 1/2 1991 per turto la la Registrar.	(Address)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLAIN

ż

1. PLACE OF DEATH	- B
County Miller and	Registration Dist. No. 62 252
	NoNoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number) Isds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME OS rell Joylor Hes (a) Residence: No. Develor M (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Leedle 4. COLOR OR RACE OR DIVORCED (write the word) Willower OR Divorced (write the word)	21. DATE OF DEATH AGO. 23 (Day) 1936 (Year)
58. If married, widowed, or divorced HUSBAND of (O1) WIFE of Treather Hearnes	22. HEREBY CERTIFY. That I attended deceased from 136 to Dec 23 1936
6. DATE OF BIRTH (month, dey, and year) Off, 18 1857 7. AGE Yeers Months Days If LESS than 1 dey,hrs. ormln.	to have occurred on the dete steted above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, Harrier SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAW MILL, SAW MILL, SAW MILL, SAW MILL, BANK, etc 11. Total time (years)	Pardia Vasculas Rens Dissos?
12. BIRTHPLACE (city or town) - Tyrusususy	Other Contributory Causes of importance:
(State or country) Tuary Cashel	-
14. BIRTHPLACE (city or town) Harmann, (Stete or country) Zugerflauer	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMITION, ON REMOVAL PLANT DELLO Dete Dele 7, 19 5.	Manner of Injury
19. UNOERTAKER Jr. Girsil Meadre (Address) Distribut, MA	24. Was disease or injury in any wey releted to occupation of deceased? ### If so, specify ###
20. FILED Dec. 26., 1936 Illamie & Toral Register.	(Signed) MUNDON Office M. D. (Address) Seulae M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis J 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			30.511

1.	PLACE OF DEATH	23	
	County Isseen Unge	Registration Dist. No. 25	-21
	Village or City Burrisville	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and no	
	(M. M. 70/1	ds. How long in U.S. if of foreign birth?yrsmor	ias.
2.	FULL NAME Will Man Wal	felr	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Hale
3. SE	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193.6
5a. II	f marriad, widowed, or divorced	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet t attanded d	eceasad from
	7) 101	, 19 , to	, 19
	ATE OF BIRTH (month, day, and year) Jet, 15-192	llast saw h	; death is said
7. AG	Years Months Deys tf LESS than I day,hrs.	to heve occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and retated causes of importence	
	/ Ormin,	were as follows:	Date of onset
O	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, Etc	Pretmonary Inberen	1
OCCUPATION	9. Industry or business in which	J. Merica	rozes
5	work was done, as SILK MILL, SAW MILL, BANK, etc		
00	10. Date deceased test worked et this occupation (month and yeer)		
12. B	HRTHPLACE (city or town) Butherrille	Other Contributory Causes of Importance:	
	(Stata or country) Md.		
ER	13. NAME Frank Walker		
FATHER	14. BIRTHPLACE (city or town) Buties rille	Nama of operation Date of	
	(State or country) md.	What test confirmed diagnosis? Was there an au	itopsy?
H	15. MAIDEN NAME / Glassic Mealou	23. If deeth was due to extarnal causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) I Burrisville	Accident, suicide, or homicide? Dete of injury	, 19
-	(State or country)	Whera did injury occur?	
17. 11	(Address) Centrevelle, R.F.D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ČE.
18. B	URIAL, CREMATION, OR REMOVAL	Menner of injury	
	Place Little Deta Mile. 16,1936.	Natura of injury	
19. U	NDERTAKER Orning W. Caddins	24. Was diseasa or injury in any way retated to occupation of deceased?	
_	(Address) Centreville ma	If so, specify	-
20. F	The state of the s	(Signed) (Detetiewille	M.D.
	Local Registrar.	(worless)	

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributers conserved from	
Other contributory causes of importance:		Other contributory causes of importance:	Ten to m
Gallstones	May 1,1923	Gastroenteritis	1 year

CERTIFY, That I attended decassed from The PRINCIPAL CAUSE OF DEATH and related causes of importance Data of onset Was there an autopsy?.... 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicida?______ Date of injury______ 19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury__ 24. Was disaase or injury in any way related to occupation of deceased If so, spacify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

CAUSE mation

LION

19. UNDERTAKER (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	le line	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year